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IMPORTANT NOTICE!

All Scientific Papers submitted for Publication must be Typewritten.

Notify the office promptly of any change of address, in order that mailing list and addresses in the Register may be corrected.

VOL. VIII JUNE, 1910. No. 6

EDITORIAL NOTES.

NOTICE!

The statement has been made by sundry persons who should know better, that the accounts of the Society have never been investigated. This is absolutely untrue. Every item of income or expense has been accounted for and examined by an expert accountant beginning in May, 1905. The books are closed on the 31st of December of each year and turned over to an expert accountant who is employed by the Council for that purpose. These reports for 1905, 1906, 1907, 1908 and 1909 are on file. Moreover, every year a copy of the auditor's report has been placed in the hands of every delegate in attendance. The annual investigation is not made hurriedly and carelessly by members appointed as an auditing committee, but is done thoroughly and carefully by men whose business it is to audit accounts and look for anything wrong. They have given a clean bill of health for each and every year. The Secretary is under bonds—and he likes the climate of San Francisco.

The most important action of the House of Delegates at the last meeting, Sacramento, April 20th, 1910, was undoubtedly the establishment of medical defense on a permanent basis. The experience of other states and our own experience

MEDICAL DEFENSE.

since last July have shown conclusively that all members may be defended in all suits for alleged malpractice for a comparatively small sum per annum. One dollar per member is a sum so small as to be insignificant to any practicing physician, and yet that one dollar per member, taken in the aggregate furnishes enough to more than take care of all the expense under any ordinary circumstances. It was the opinion of the House of Delegates that it would be well to make the assessment one dollar and thus accumulate something ahead, after which time the assessment could be reduced to conform more nearly to the amount of the year's expenses for this purpose. The assessment covering the period from last July to the 31st of this coming December, was made due and payable before July 1st, 1910. Every member should therefore see to it that his assessment is paid by his county society before that date. This money must be paid by each member to his county society and that society will, in turn, pay for the whole of its membership in a lump sum to be remitted to the Secretary. Do not send your individual assessment for Medical Defense to the office of the State Society; it is to be paid to your county society. So much for the business end of the subject. If you are a member in good standing—dues fully paid up—you are fully protected by the State Society and any suit against you for alleged malpractice will be defended by the legal department of the Society to the court of last resort. But see to it that you keep up your membership and that your assessment is paid for you to the State Society before July 1st, 1910.

The plan adopted is very simple; there are but three requirements. First, you must be a member in good standing, dues paid in your county society, and you must have been in good standing at the time the alleged malpractice was committed. Second, the alleged malpractice must have occurred after you became a member of the society, or after the 1st day of July, 1909. Third, you must send to the Secretary of the State Society, within forty-eight hours after you are served in any suit, a full, true and correct copy of the complaint together with a full statement of all the facts in the case. Is there anything difficult about any of these requirements? Pay your dues and keep them paid; notify the office of the Society promptly when you are sued or a suit is threatened. That is all there is to it. You will be put to no additional expense, other than your dues.

Mistaken impressions in regard to certain details connected with our Medical Defense plan seem to have been obtained by some members.

Investigating committee: There is an impression that any threatened or actual suit against a member is to be investigated by a committee of his county society and not defended unless they report favorably. This is not the case; every suit will be fought. The Council considered this point at some length, and while it is true that this provision is in force in some states, the Council did not think it wise, for an adverse opinion by a committee would at once put a great handicap upon a member who would then have to defend such a suit at his own expense.

venting it, and the responsibility of the body politic in trying to eliminate the "white plague."

Aside from its educational value, the day marked a distinct epoch in religious and medical evolution. Twenty years ago the church was extremely dogmatic—to mention the word evolution from the pulpit of a house of worship was considered a sacrilege. Therefore, when we consider that upon April 24th clergymen discoursed at length not upon religion, but upon the dangers of disease, that numerous pulpits throughout the country, and particularly in San Francisco, were occupied by physicians who joined hands, for the time being, with the pulpit in an effort to educate the people in the prevention of disease, we must indeed acknowledge that a distinct educational advance has been made.

The preacher of twenty years ago preached a doctrine of punishment in the world to come, if man's conduct in this world was not up to the standard; the modern preacher of to-day preaches that a deviation from correct standards will bring punishment in this world and in this generation; he preaches an ethical course of conduct which will help to preserve this generation and improve posterity.

Medicine of twenty years ago was also very dogmatic. The doctor of that time was a sort of "Bogie Man," who prescribed his nostrums without explanation, and who was more feared than respected by his patients and by the people at large. The doctor of to-day has taken on a rather different course of conduct. He is willing to give the whole public the whys and wherefores for his prescriptions and dicta. He aims to educate the people along physical lines of conduct so that disease may be prevented rather than cured after its occurrence.

If theology, teaching a correct ethical line of conduct, and medicine, teaching a correct physical line of conduct, will meet upon common ground, a great deal will be done in the coming generation to eliminate both crime and disease, and incidentally to do away with numerous cults which have sprung up and gained considerable prestige by seizing this common ground.

W. C. V.

MEMBERS REGISTERED AT THE FORTIETH ANNUAL MEETING.

Archibald, R. A.; Adams, L. P.; Alderson, H. E.; Asay, J. L.; Abraham, Henry; Atkinson, A. A.; Arnold, Dennis; Aiken, Geo. A.; Abrahamson, Milton; Aaronson, Howard.

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Zobel, A. J.; Zermier, Irving S.

The diagnosis is made from the clinical symptoms described above, together with the discovery of influenza bacilli in the discharge from the infected parts. The bacilli are present in the sputum and nasal and conjunctival discharges; and may be obtained on swabs from the pharynx, tonsil, etc. They are delicate, short rods, two or three times as long as they are broad, with rounded ends, nonmotile and noncapsulated. They occur in pairs, chains, or clusters. Owing to their diminutive size, when occurring in pairs, they resemble diplococci. They lie chiefly between the cells, in the mucoid basement substance. They stain readily; a particularly satisfactory preparation is secured by staining about twelve minutes with fresh carbol-fuchsin solution, with or without heating. Influenza bacilli decolorize by the Gram method. Cultures may be obtained by spreading the infected material upon fresh blood, superposed upon slant agar. Human or pigeon blood is suitable for this purpose. In culture the colonies appear as minute, transparent, dewlike droplets. The colonies appear within twenty-four hours.

Differential Diagnosis: Endemic gripe may be differentiated from ordinary catarrhal bronchitis by (1) the history of exposure to gripe; (2) the more violent onset of gripe, with its attendant pronounced systemic disturbances; (3) the disproportion of the symptoms in gripe to physical signs of bronchial involvement; (4) the greater obstinacy of gripe; (5) the implication of other mucous surfaces, nasal, conjunctival, etc., in gripe; (6) the identification of influenza bacilli in gripe. From the early stage of measles gripe may be differentiated by (1) the history of exposure to cases of gripe or measles, or the prevalence of either of these diseases; (2) the different appearance of the pharyngeal and oral mucus membrane. In gripe there is diffuse redness of the tonsils and pharynx; in measles there is an eruption of discrete spots on the soft palate and buccal mucous membrane; (3) the eruption of the measles rash on the fourth day; (4) the identification of influenza bacilli. The differentiation of gripe from pertussis is at times exceedingly difficult. It depends upon (1) the history of exposure; existence of one or the other malady in the house or locality; (2) mode of onset. Marked fever, malaise, neuralgic pains speak for gripe and against pertussis. Prolonged continuation of paroxysmal cough without fever inclines to the diagnosis of whooping cough as opposed to gripe. The crowing inspiration characteristic of whooping cough is usually, but not always, absent in gripe. Gripe and whooping cough may co-exist. The differentiation of gripe from typhoid is ordinarily simple, the only point in which local endemic gripe resembles typhoid being in the prominence of fever in both. But the fever in gripe is essentially irregular, reaches its maximum within the first three or four days, and quickly subsides; while in typhoid the fever ascends regularly, takes longer to reach its maximum and descends deliberately. While the recognition of influenza bacilli in the mucous discharges, taken alone, does not warrant the diagnosis of gripe, their identification in the mucoid dis-

charges of patients presenting gripe's clinical symptoms establishes it. On the other hand, a positive Widal reaction confirms the diagnosis of typhoid, although a negative reaction does not exclude it.

Prognosis: The individual attack of endemic gripe encountered in San Francisco terminates in recovery. But the child may harbor the germs for years and suffer repeated recurrences. In April, 1904, a I saw a three-year-old girl who was suffering with gripe; there have been recurrences each winter since then and the child at this time has an acute attack.

Treatment: There is no known specific. In the initial stage, if pharyngitis alone is present, sometimes a cure may be effected by swabbing with two to five per cent solution of silver nitrate. The patient should remain in bed as long as fever is present. Diet should be nourishing but not irritating; in infants it should be considerably reduced during the febrile stage. The bowels should be evacuated by a brisk purge in the beginning of the attack and should subsequently be kept free. For the headache and neuralgic pains the coal tar preparations are efficient remedies. For the nasopharyngitis spraying with mild, antiseptic alkaline solutions excels other modes of medication; an important function it performs is prevention of otitis by keeping the pharyngeal eustachian orifices clear. In many cases the iodides appear to act favorably in the early stages of grippal laryngitis and bronchitis. Later belladonna acts well in drying the secretions. Salol is valuable, especially when there is gastroenteric involvement.

Gripe as it occurs in San Francisco is identical with gripe of the Atlantic Coast and Europe in its etiology and pathology. There is, however, remarkable difference in the clinical manifestations; gripe in this vicinity presenting so comparatively little systemic disturbance that even at this time its endemic occurrence is not generally recognized nor its significance adequately appreciated.

OFFICERS OF THE UROLOGICAL ASSOCIATION.

At the meeting of the Pacific Coast Branch of the American Urological Association, on April 19, 1910, at Sacramento, California, the following members were elected to their respective offices: G. Sherman Peterkin, Seattle, president; R. L. Rigdon, San Francisco, vice-president; Louis Gross, San Francisco, secretary.

NEW AND NON-OFFICIAL REMEDIES.

Since March 1, the following articles have been accepted by the Council for New and Non-Official Remedies:

Carbosant (Heyden Chemical Works); Mammary Substance (Armour & Co.); Ovarian Substance, desiccated (Armour & Co.); Parotid Glands, desiccated (Armour & Co.); Spleen, desiccated (Armour & Co.); Thymus, desiccated (Armour & Co.).

and adopted: President, A. A. Bonnheim; First Vice-President, F. C. E. Mattison; Second Vice-President, Elizabeth Ashe; Third Vice-President, George H. Aiken; Secretary-Treasurer, William F. Snow. The Journal will endeavor to publish a fuller account of the purposes, objects and nature of the work of the League in a subsequent issue.

Name.

The name of this organization shall be THE CALIFORNIA PUBLIC HEALTH LEAGUE.

Object.

The object shall be the co-ordination of effort and the promotion of economy and harmony among all public health organizations and agencies in California.

Representation.

All public health organizations and such other bodies as are working for the promotion of public health ends in California shall be entitled to representation in such amount as may be allowed by the Board of Directors, or the Executive Committee of this league.

Officers.

The officers of this organization shall be a President, a First Vice-President, a Second Vice-President and a Third Vice-President, a Secretary-Treasurer and a Board of Directors of forty members.

The Board of Directors shall consist of the President, the First, Second and Third Vice-Presidents, the Secretary-Treasurer and thirty-five other members. The chairman of the Board of Directors shall be the president of the league.

The Secretary-Treasurer shall preferably be the Secretary of the State Board of Health.

Duties and Powers.

The Board of Directors shall have authority to appoint an Executive Committee of nine members and shall have authority to delegate to this Executive Committee such of its powers and duties as may be deemed wise.

Quorums.

A quorum of the Board of Directors shall consist of nine members. A quorum of the Executive Committee shall consist of three members. The President and Secretary-Treasurer of the league shall be ex-officio members of the Executive Committee.

Duties of Officers.

The duties of the Board of Directors and Executive Committee shall be those which usually pertain to such positions. The Board of Directors and the Executive Committee shall have power to act for the league between annual meetings.

Meetings.

This league shall meet annually, preferably at the same place and on the day preceding the annual meeting of the State Medical Society.

By-Laws.

The Board of Directors, or the Executive Committee shall have power to adopt such by-laws as in their judgment may be deemed best.

BOOK REVIEWS

Health Studies. By E. B. Hoag, A. M., M. D. Publishers, D. C. Heath, Boston, Mass.; 1909.

The reviewer can find nothing to commend in this book. An endeavor on the part of the author to encompass the salient points of anatomy, physiology and hygiene in a book of 222 pages has, as it necessarily would, resulted in a failure. A. A. O'N.

Primer of Sanitation. By Prof. John W. Ritchie. Publishers, World Book Company, New York.

The author of this excellent primer must have the teaching faculty developed to a very high degree, for he has succeeded in presenting for young folks the elementary principles of bacteriology and hygiene in a very simple and entertaining manner, and of supplementing them with many illustrations that are both apt and well executed.

In view of the crusade that is now being carried on against the Great Red Plague, and of the efforts of the medical profession to educate the general public to the dangers and ravages of gonorrhoea and syphilis, the reviewer regrets that the author has seen fit to omit all mention of these diseases. As he very properly states, on page 187: "Everyone, therefore, who spreads a knowledge of disease germs is helping the sanitary condition of his community, for where disease germs go the fear of them and the effort to escape from them will soon follow." The writer believes that at the hands of Prof. Ritchie these subjects could be dwelt upon in a manner that would not give offense to the most fastidious, and that the addition would be welcomed by teachers, parents and guardians. A. A. O'N.

BOARD OF EXAMINERS, APRIL SESSION.

Passed.

School of Medicine.	Date of Graduation.	Percentage.
Cal. (Ecl.) Med. Coll., Cal.....	5, 21, 09	82.5*
Coll. of P. & S., Los Angeles, Cal.....	6, 24, 09	76.8
Coll. of P. & S., S. F., Cal.....	5, 14, 08	84.6*
Coll. of P. & S., S. F., Cal.....	5, —, 06	81.2****
Coll. of P. & S., S. F., Cal.....	5, 19, 09	80.3
Coll. of P. & S., S. F., Cal.....	5, —, 04	79.7
Coll. of P. & S., S. F., Cal.....	6, 6, 07	77.8***
Coll. of P. & S., S. F., Cal.....	6, 6, 07	75.0*****
Cooper Med. Coll., S. F., Cal.....	11, 5, 08	81.6 plus 10-91.6**
Cooper Med. Coll., S. F., Cal.....	5, 8, 07	84.2
Cooper Med. Coll., S. F., Cal.....	5, —, 09	80.2*
Hahnemann Med. Coll. of the Pac., Cal.....	5, 27, 09	81.1*
Hahnemann Med. Coll. of the Pac., Cal.....	5, 21, 08	81.0***
Hahnemann Med. Coll. of the Pac., Cal.....	5, 27, 09	80.5*
Univ. of Cal., S. F., Cal.....	12, 16, 09	84.3
Univ. of Cal., S. F., Cal.....	12, 16, 09	78.2
Univ. of So. Cal., L. A., Cal.....	6, 13, 05	79.2
Univ. of So. Cal., L. A., Cal.....	6, 18, 08	78.1***
Univ. of So. Cal., L. A., Cal.....	6, 17, 09	75.0
Atlanta Coll. of P. & S., Ga. '00 & Am. Ecl. Med. Coll., O.	6, —, 93	87.2 plus 5-92.2
Baltimore Med. Coll., Md.....	5, 22, 06	83.0

Chicago Homeo. Med. Coll. '90, & Coll. P. & S., Ill.	4, 20, 97	88.8 plus 10-98.8
Cleveland Coll. Phys & Surg., Ohio	5, 4, 98	77.9 plus 5-82.9
Coll. of Phys. & Surg., Canada	5, 30, 86	83.6 plus 10-93.6
Coll. of Phys. & Surg. of Chicago, Ill.	6, 6, 05	80.7
Coll. of Phys. & Surg., of N. Y.	5, 12, 85	79.3 plus 10-89.3
Columbia Coll. N. Y. (Coll. of P. & S.)	5, —, 08	78.4
Creighton (John A.) Univ. of Med., Nebr.	4, 26, 00	79.5 plus 5-84.5
Hahnemann Med. Coll., of Chicago, Ill.	5, 27, 07	80.3
Hahnemann Med. Coll., Penn.	5, 17, 00	84.4 plus 5-89.4
Harvard Med. School, Mass.	2, 23, 10	85.7
Jefferson Med. Coll. of Philadelphia, Penn.	5, 15, 95	73.6 plus 5-78.6**
Jefferson Med. Coll. of Philadelphia, Penn.	5, 4, 94	72.7 plus 5-77.7***
Johns Hopkins Med. Sch., Md.	6, 9, 08	88.6
Ky. School of Med., Ky.	6, —, 89	72.8 plus 10-82.8*
Laval Univ. of Montreal, Can.	6, 18, 04	76.3
Laval Univ. of Montreal, Can.	6, 8, 03	75.6
Medical Coll. of Ind.	5, 1, 96	77.0 plus 5-82.0
Miami Med. Coll., Ohio	6, 1, 08	77.2
Northwestern Univ. Med Dept., Ill.	6, 13, 95	70.0 plus 5-75.0
State Univ. of Iowa	3, 12, 90	81.9 plus 10-91.9***
State Univ. of Iowa	6, 11, 07	78.1
St. Bartholomews Hosp. Med. School, London	12, —, 79	81.3 plus 15-96.3
Tulane Univ., La.	5, 3, 05	81.9
Univ. of Dublin, Ire. '77, & Coll. of Phys., London	1, —, 01	82.7 plus 15-97.7
Univ. of N. Y.	7, 16, 87	83.7 plus 10-93.7
Univ. & Bellevue Hosp., Med. Coll., N. Y.	6, —, 09	86.4
Univ. of Mich.	6, 27, 89	72.6 plus 10-82.6
Univ. of Mich.	6, 27, 95	76.4 plus 5-81.4*
Univ. of Colo.	6, 3, 97	77.4 plus 5-82.4
Univ. of Louisville, Ky.	3, 13, 93	77.7 plus 5-82.7*
Univ. of City of New York	3, 24, 91	80.3 plus 5-85.3
Univ. of Toronto, Can.	—, —, 07	87.5
Univ. of Vt.	7, 1, 08	80.0
Vanderbilt Univ., Tenn.	5, 3, 09	75.0*
Vanderbilt Univ., Tenn.	5, 3, 09	84.5
Western Penn. Med. Coll., Penn.	3, 22, 94	77.7 plus 5-82.7
Western Reserve Univ., Ohio	6, 13, 07	81.2
Woman's Hosp. Med. Coll. of Chi., (N. W. Univ) Ill.	4, 1, 90	76.1 plus 10-86.1*
Yale Med. Coll., Conn.	—, —, 04	88.9

Failed.

Cal. (Ecl.) Med. Coll., Cal.	—, —, 05	71.8
Coll. of P. & S., Los Angeles, Cal.	6, 6, 06	69.8*
Coll. of P. & S., S. F., Cal.	5, 19, 09	73.6
Coll. of P. & S., S. F., Cal.	5, —, 03	69.0
Cleveland Coll. of P. & S., O.	7, 4, 84	67.5 plus 10-77.5
Drake Univ., Med. Dept., Iowa Coll. of P. & S., Iowa	3, 18, 96	41.2 plus 5-46.2
Hahnemann Med. Coll. of Hosp., Penn.	6, 2, 10	73.4
Hospital Coll. of Med., Ky.	7, 1, 02	64.6
Jefferson Med. Coll., Pa.	3, 29, 84	68.1 plus 10-78.1
Kansas City Med. Coll., Mo.	3, —, 91	68.3 plus 5-73.3
Rush Med. Coll., Ill.	5, 22, 95	66.0 plus 5-71.0*
Tokio Charity Med. Coll., Japan	7, 31, 07	63.8*
Tulane Univ. of La.	5, 20, 08	62.1
Univ. of Md.	4, 18, 93	65.3 plus 5-70.3

Osteopathy—Passed.

L. A. Coll. of Osteopathy, Cal.	1, 27, 10	86.9
L. A. Coll. of Osteopathy, Cal.	1, 27, 10	86.7
L. A. Coll. of Osteopathy, Cal.	1, 27, 10	84.9
L. A. Coll. of Osteopathy, Cal.	1, 27, 10	83.7
L. A. Coll. of Osteopathy, Cal.	1, 27, 10	81.8
L. A. Coll. of Osteopathy, Cal.	1, 27, 10	78.2
L. A. Coll. of Osteopathy, Cal.	1, 27, 10	81.1
L. A. Coll. of Osteopathy, Cal.	1, 27, 10	78.6
L. A. Coll. of Osteopathy, Cal.	1, 27, 10	76.1
Pac. Coll. of Osteopathy, Cal.	2, 3, 10	81.2
Pac. Coll. of Osteopathy, Cal.	6, 23, 09	79.8*
Pac. Coll. of Osteopathy, Cal.	6, 23, 09	79.7**
Pac. Coll. of Osteopathy, Cal.	6, 23, 09	78.2*

Osteopathy—Failed.

L. A. Coll. of Osteopathy, Cal.	1, 27, 10	72.6
L. A. Coll. of Osteopathy, Cal.	1, 27, 10	71.0
Pac. Coll. of Osteopathy, Cal.	2, 3, 10	69.7

* Taken before.

New Lic entiates.

J. E. Adams, L. W. Ashcroft, E. Axtell, C. H. Bailey, J. F. Barbrick, C. L. Bennett, G. J. Berger, T. L. Blanchard, Mary Breen, W. J. Broome, H. D. Buckmann, L. Belle Butcher, W. S. Byrne, W. T. Cade, Jr., E. M. Clark, R. H. Crist, A. B. Eadie, A. D. Ellsworth, J. A. Ferrin, C. D. Gaylord, S. C. Gearhart, I. C. Gobar, P. H. Goodwin, J. Gunville, S. L. Haas, C. S. Harris, E. J. Heisz, C. G. Hilliard, W. A. Hodkinson, A. Hostetter, A. P. Hughes, H. A. Huntoon, W. J. Hutchinson, H. W. Irwin, M. Jaynes, W. S. Keys, L. R. Kilgore, R. Kremer, A. M. Laughlin, L. L. Lindsey, H. A. Mager, E. F. Mahan, J. L. McCarthy, H. A. MacCauley, Lillian Moffat, C. B. Moore, J. L. Moore, E. H. Morrison, R. McW. O'Neal, P. F. Page, Jr., J. L. Pomeroy, Ogden Rafferty, Frank Rainie, E. J. Riche, A. T. Seymour, W. A. Shaw, D. W. Sheldon, Pearl Shrode, F. D. Simons, C. A. Skinner, B. R. Sprague, C. J. Stansby, C. C. Stephenson, O. P. Stowe, J. K. Suckow, A. Thibodeau, C. A. Tillotson, B. B. Ward, L. B. Weatherbee, F. T. Weed, H. M. Wegefarth, L. B. White, H. H. Yerington.

DR. VON HOFFMANN'S STATEMENT.

In the April number of the California State Journal of Medicine there appeared an article entitled: "History of a Law Suit for Alleged Malpractice," in which my name was mentioned. I should like to state briefly my connection with the case.

Though I can not give the exact dates, my records having been destroyed in the fire of April, 1906, it was some time previous to the operation, that the patient came to me for examination. My diagnosis was fibroid of the uterus. After this time I did not see the patient, did not hear anything further, did not know even where the patient lived, until she came again to my office, after suit had been instituted. I examined her, the result of the examination being the same as on the previous occasion. I did not see her again. At this time her lawyer visited my office and endeavored to obtain information favorable to his client. His visits ceased, when he failed to secure more than the facts.

This covers my entire connection with the case outside of the court room, where I went only when subpoenaed.

Misunderstandings and misinformations can give an entirely different aspect to the case.

(Signed) Dr. VON HOFFMANN.

NEW MEMBERS.

Gilbert, E. C., Santa Barbara.
Hamilton, G. V. T., Santa Barbara.
Park, C. C., Santa Barbara.
Laist, O., San Francisco.
Pulsifer, L. M., Napa.
Elosser, L., San Francisco.
Greene, J., San Francisco.
Moore, H. S., San Francisco.
Beardslee, A., San Francisco.
Simon, M. E., San Francisco.
Harder, W. G., San Francisco.
Tobriner, O., San Francisco.
Miller, T. S., San Francisco.
McNary, T. W., San Jose.
Wallace, Carl T., Eureka.
Hays, W. B., Sonoma.
Schmelz, E. J., Eglestest.
Lumsden, A. G., Petaluma.

Deaths.

Barbat, Wm. F., San Francisco.
Stratton, E. G., Oakland.
Madill, David, Oakland.

Counties.	President.	Secretary.	Meets.
Alameda County Medical Association.....	Chas. A. Dukes, Oakland.....	Pauline Nusbaumer, —.....	3d Tuesday, 127 Telegraph Ave., Oakland
Butte County Medical Society.....	E. A. Kusel, Oroville.....	Ella F. Gatchell, Chico.....	2d Tuesday
Contra Costa County Medical Society.....	C. R. Leech, Walnut Creek.....	F. Rattan, Martinez.....	1st Monday every other month.....
Fresno County Medical Society.....	C. P. Kjaerbye, Fresno.....	L. R. Willson, Fresno.....	1st Tuesday
Humboldt County Medical Society.....	C. W. Mills, Arcata.....	E. V. Falk, Eureka.....	2d Tuesday.....
Imperial County Medical Society.....	J. V. McCombs, El Centro.....	J. L. Cook, Brawley.....	? ? ?
Kern County Medical Society.....	S. F. Smith, Bakersfield.....	W. S. Fowler, Bakersfield.....	3d Monday
Los Angeles County Medical Society.....	W. W. Richardson, Los Angeles.....	Geo. H. Kress, Los Angeles.....	Friday, except July, Aug. & Sept.....
Marin County Medical Society.....	F. J. Hund, Ross Station.....	H. O. Howitt, San Rafael.....	Every Thursday
Mendocino County Medical Society.....	F. E. Allen, Talmage.....	L. K. Van Allen, Ukiah.....	Meets quarterly
Merced County Medical Society.....	E. S. O'Brien, Merced.....	L. H. Woollen, Merced.....	1st Thursday
Monterey County Medical Society.....	T. C. Edwards, Salinas.....	H. T. Crabtree, Salinas.....	1st Saturday
Napa County Medical Society.....	F. C. Newton, St. Helena.....	O. T. Schultze, Napa.....	1st Tuesday
Orange County Medical Association.....	J. L. Beebe, Anaheim.....	Ida B. Parker, Orange.....	1st Tuesday
Placer County Medical Society.....	J. G. Mackay, Truckee.....	G. H. Fay, East Auburn.....	1st Saturday every 2d month.....
Riverside County Medical Society.....	A. W. Walker, Riverside.....	G. E. Tucker, Riverside.....	2d Monday
Sacramento Society for Medical Improvement	G. W. Duffley, Sacramento.....	Chas. McKee, Sacramento.....	3d Tuesday.....
San Benito County Medical Society.....	L. C. Hull, Hollister.....	F. O. Nash, Hollister.....	1st Monday
San Bernardino Medical Association.....	W. P. Burke, Highland.....	G. G. Moseley, Redlands.....	2d Tuesday
San Diego County Medical Society.....	R. E. Austin, San Diego.....	H. A. Thompson, San Diego.....	1st Friday
San Francisco County Medical Society.....	Langley Porter, San Francisco.....	Rene Bine, San Francisco.....	2d Tuesday.....
San Joaquin County Medical Society.....	J. P. Hull, Stockton.....	B. F. Walker, San Joaquin.....	4th Friday, except July and August...
San Luis Obispo County Medical Society.....	H. M. Cox, San Luis Obispo.....	R. M. Bradbury, San Luis Obispo.....	? ? ?
San Mateo County Medical Society.....	J. L. Ross, Redwood City.....	F. M. Seibert, San Mateo.....	1st Monday every 2d month.....
Santa Barbara County Medical Ass'n.....	D. A. Conrad, Santa Barbara.....	T. A. Stoddard, Santa Barbara.....	2d Monday.....
Santa Clara County Medical Society.....	E. R. Wagner, San Jose.....	J. J. Kocher, San Jose.....	3d Wednesday.....
Santa Cruz County Medical Society.....	S. T. Pope, Watsonville.....	E. E. Porter, Watsonville.....	1st Monday.....
Shasta County Medical Society.....	S. T. White, Redding.....	B. F. Saylor, Redding.....	Meets quarterly.....
Solano County Medical Society.....	C. E. Turner, Big Pine, Cal.....	J. J. Hogan, Vallejo.....	3d Wednesday.....
Sonoma County Medical Society.....	S. Z. Peoples, Petaluma.....	Jackson Temple, Santa Rosa.....	1st Friday.....
Stanislaus County Medical Society.....	W. J. Wilhite, Modesto.....	B. F. Surryhne, Modesto.....	2d Tuesday at Modesto
Tehama County Medical Society.....	J. A. Owen, Red Bluff.....	F. L. Doane, Red Bluff.....	? ? ?
Tuolumne County Medical Society.....	E. E. Wilson, Greenville.....	C. F. English, Sonora.....	? ? ?
Ventura County Medical Society.....	J. C. Bynum, Ventura.....	P. S. Van Patten, Nordhoff.....	1st Monday.....
Yolo County Society for Medical Improvement	W. Gallion, Davisville.....	Frances L. Newton, Woodland.....	1st Tuesday, except July, Aug., Sept....
Yuba-Sutter Counties Medical Society.....	J. H. Barr, Marysville.....	G. W. Stratton, Marysville.....	Meets quarterly.....

N. B.—Secretaries will please notify Journal office of any changes taking place in their respective county.